

INVESTMENT OPTION ELECTION RSA-1 DEFERRED COMPENSATION PLAN DROP ROLLOVER

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Please type or print using black ink. All changes to this form must be initialed.

Name _____
First Middle/Maiden Last

Social Security No. ____ - ____ - ____ Date of Birth ____ / ____ / ____
Month Day Year

If Member is
Deceased, Provide
Beneficiary Name

First Middle/Maiden Last

Beneficiary Social Security No. ____ - ____ - ____ Beneficiary Date of Birth ____ / ____ / ____
Month Day Year

Address: _____
Street or P. O. Box

City State Zip Code

Email Address _____ Daytime Phone No. (____) _____

I understand the following regarding this investment option election for my DROP rollover account:

- My Investment Option Election form **MUST BE POSTMARKED OR DELIVERED to RSA-1 at least 30 days prior** to the effective date of the election. **Elections are effective on the first day of each month.** For example, if my election is to be effective March 1, my election must be made by February 1.
- My election can be made only once every **365 days** after the **effective date of my last election.**
- My election will remain in effect until a subsequent eligible election is made, but it must remain in effect for 365 days.
- My election can apply to the entire balance, a percentage of the balance, or a designated dollar amount of the balance in my DROP rollover account.
- **If I do not make an election, there will be NO change in the manner in which my DROP rollover account balance is invested. My DROP rollover account balance will be invested as it is currently.**

I elect the following to be effective regarding my DROP Rollover Account (check only one):

- | | |
|---|---|
| <input type="checkbox"/> Transfer _____ % of the previous month-end balance in my RSA-1 DROP Rollover fixed investment option to the RSA-1 DROP Rollover stock investment option. | <input type="checkbox"/> Transfer _____ % of the previous month-end balance in my RSA-1 DROP Rollover stock investment option to the RSA-1 DROP Rollover fixed investment option. |
| <input type="checkbox"/> Transfer \$ _____ from my RSA-1 DROP Rollover fixed investment option to the RSA-1 DROP Rollover stock investment option. | <input type="checkbox"/> Transfer \$ _____ from my RSA-1 DROP Rollover stock investment option to the RSA-1 DROP Rollover fixed investment option. |

Signature of Member/Beneficiary in the presence of Notary _____ Date _____

STATE OF _____, COUNTY OF _____

On this ____ day of _____, 20____ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

Signature of Notary Public _____

Seal

My Commission Expires _____